APPENDIX A -- APPLICATION FORM

Application forms are available from the Recharge Coordinator and at AMA offices or they may be printed from www.azwater.gov/recharge

www.azwater.gc ARIZONA DEPARTMENT O Water Managem 3550 North Central Phoenix, Arizona Phone (602) 771-8585 APPLICATION FOR UNDERGROUND STORAGE FACILITY PERMIT (A.R.S. § 45-811.01) APPLICATION FEE \$ 750.00 DUE UPON FILING PERMIT FEE OF \$ 500.00, PLUS NOTICE AND PUBLICATION	DF WATER RI nent Division I Ave, 2 nd Floo a 85012-2105 Fax (602) 771-				
BE DETERMINED, WILL BE DUE PRIOR TO ISSUANCE O PLEASE SUBMIT ONE ORIGINAL AND THREE COPIES O COMPLETED APPLICATION AND ALL SUPPORTING MA	F THE	Date Received.			
FACILITY DESIGN: (check one)	APPLICA	TION FOR: (check one)			
₹₹ Constructed	☐ Underg	ground Storage Facility (USF)			
GENERAL INFO	ORMATION				
1. Name of Applicant: Salt River Project					
Mailing Address	Phoenix City	AZ 85072-2025 State Zip			
Contact Person: Thomas D. Bawden	Vo	6-2795 _{Fax:} 602-236-2987 o participate in State Demonstration			
3. Name of Active Management Area or Irrigation Non-Expansion Phoenix Active Management Area (If the facility is NOT located within an AM)					
4. Name of groundwater basin and subbasin where the facility wil	Name of groundwater basin and subbasin where the facility will be located:				
West Salt River Valley					

5. 8, NE	Legal description of the location	of the facility: SE 1/4 c	of Section	7, SE 1/4 & the W1/2 of Section 18, T2N, RIE,GSRB & M
-,		section, township and range		
6.	Does the applicant own the land			
7.	The total design capacity of the	facility: 1,250,000 a	cre-feet	
(acre-feet to be stored over the duration of the USF permit)				
8.	The maximum annual amount of	f water proposed for storage a	at this facility:	(acre-feet per year)
9.	Proposed duration of permit:	Expires 12/22/2	5	(ucre-jeer per year)
,.	Troposed duration of permit.		(years)	
10. Type of source water to be stored:				
		XX Effluent	N∑ Decreed and	d Appropriative Surface Water
	If Decreed and Appropriati	ve Surface Water, list river(s)	: Salt and	Verde Rivers
11.	I agree under penalty of law to c	btain any required floodplain	use permit from th	ne county flood control district before
	beginning any construction activ	vities, as required by A.R.S. §	45-811.01(C)(4).	
	XX Agree ☐ Disagree			
12.	For managed USFs where efflu	uent will be stored only: Ar	e you requesting tha	at this facility be designated as a facility
	that could add value a national p	oark, national monument or st	ate park, as describ	ed in A.R.S. § 45-811.01(D)?
	☐ No		-	•
	If yes, please submit a complete	d USF Permit Application Su	applement to design	ate a Managed Underground Storage
	•			ate park and all additional information as
	described on the USF Permit Ap	_	,	
13.	-	==	e modification(s) re	quested by this application: Add treated
effl	uent from the City	y of Peoria. The	e treated	effluent will be delivered
			nd flows m	easured before mixing with
othe:	r water and before	e recharging.		, *
		SUPPORTING	EVIDENCE	
sub peri	mitted prior to receiving a comple	ete and correct determination apply to the modification. For	by the Department.	USF application, all items must be For a modification to an existing USF of these requirements refer to the USF
14.	USF Site and Facility Characteris	stics:	1. Map wit	th all facility components, including all
1	☐ Site Characteristics	☐ Geology	basins	s, all water quantity measuring points, all
1	☐ Facility Characteristics		monito	level monitoring points, water quality ring points and the location of the City ria treated effluent meter.
15.	Unreasonable Harm and Hydrole	ogic Feasibility Analysis:		
į	Procedures and Results for Ca	lculating Maximum Area of I	Impact and Moundi	ng Analysis
1	Land and Water Use Inventory	y Unreasonable	e Harm Analysis	☐ Monitoring Plan
I	Water Quality	☐ Hydrologic Feasibility	Conclusions	Operation and Maintenance
				cations of the City of Peoria water mg weir.

16. Legal Requirements: Technical Capability Finance	al Capability
	IOTARIZED SIGNATURE
	, the applicant(s) named in this application, do hereby certify ontained and statements made herein are to the best of my (our) knowledge
Telephone	Signature of owner or authorized agent Thomas D. Bawden Superintendent of Groundwater
PO Box 52025 Mailing Address	Title Phoenix, AZ 85072-2025 City State Zip
STATE OF ARIZONA County of Maricopa	SS.
Subscribed and sworn to before me this	day of
Notary Public Notary Public May 10, 2009 My commission expires	OFFICIAL SEAL DONNA J. TRAYLOR Notary Public - State of Arizona MARICOPA COUNTY Sty Comm. Expirer May 10, 2009